



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION GENERAL INFORMATION

Requestor Name

PATIENT CARE INJURY CLINIC

MFDR Tracking Number

M4-18-0118-01

MFDR Date Received

September 13, 2017

Respondent Name

OLD REPUBLIC INSURANCE COMPANY

Carrier's Austin Representative

Box Number 44

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "After requesting reconsideration in a timely fashion CIA mail to Gallagher Bassett Insurance it is quite evident that the carrier is unwilling to reimburse our facility for services rendered."

Amount in Dispute: \$282.69

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was denied because the number of occurrences on authorization record has been exceeded and the services for this date of service were not pre-authorized. Carrier had authorized 12 sessions of physical therapy on August 31, 2016. Its billing records show that prior the November 19, 2016, Provider had billed for those 12 session. Carrier shows the following 12 billed sessions prior to the disputed date of service:

9/2/16

9/6/16

9/7/16

9/9/16

9/12/16

10/1/16

10/5/16

10/6/16

10/13/16

10/14/16

10/15/16

11/11/16"

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Service(s)	Amount In Dispute	Amount Due
November 19, 2016	97110-GP, 97140-GP, 97112-GP and G0283	\$282.69	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all-applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of healthcare.
3. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 198 – Precertification/authorization exceeded

Issues

1. Did the insurance carrier submit documentation to support the denial reason for disputed date of service November 19, 2016?
2. Is the insurance carrier's denial reason supported for HCPCS Code G0283?
3. Is the requestor entitled to reimbursement?

Findings

1. The requestor billed CPT Code's 97110-GP, 97140-GP and 97112-GP rendered on November 19, 2016. The insurance carrier denied the disputed services with denial reduction code "198 – Precertification/authorization exceeded." The insurance carrier states in pertinent part, "...Provider has billed for those 12 session."

28 Texas Administrative Code §134.600(p) (5) states in pertinent part, "(5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning..."

The requestor submitted a preauthorization letter dated August 31, 2016, authorizing 12 physical therapy, with a start date of 08/31/16 and an end date of 11/30/16.

The insurance carrier states that the provider rendered physical therapy on the following dates:

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
9/2/16	9/6/16	9/7/16	9/9/16	9/12/16	10/1/16	10/5/16	10/6/16	10/13/16	10/14/16	10/15/16	11/11/16

The requestor states that the physical therapy services were rendered on the following dates:

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
9/6/16	9/7/16	9/9/16	9/12/16	10/1/16	10/5/16	10/6/16	10/13/16	10/14/16	10/15/16	11/11/16	11/19/16

The insurance carrier indicates that the start date of the physical therapy was on 9/2/16 and not 9/6/16, therefore making 11/19/16 the 13 physical therapy session. The requestor indicates that the start date is 9/6/16 therefore making 11/19/16 the 12 day of physical therapy session.

28 Texas Administrative Code §134.600(c) (1) (B) states in pertinent part, "(c) The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care: (1) listed in subsection (p) or (q) of this section only when the following situations occur... (B) preauthorization of any health care listed in subsection (p) of this section that was approved prior to providing the health care..."

The insurance carrier submitted a copy of a payment screen, which identifies date of service 9/2/16 as paid on 9/20/16 in the amount of \$303.86, under check # 0131143579 and addressed to payee Patient Care Injury Clinic PA.

The Division finds that the insurance carrier submitted sufficient documentation to support that the requestor rendered additional services on 9/2/16, which would make date of service 11/19/16 exceeding the preauthorized sessions. As a result, the requestor is not entitled to reimbursement for date of service 11/19/16 as preauthorization was required and not obtained.

2. The requestor seeks reimbursement for HCPCS Code G0283. Review of the preauthorization letter dated August 31, 2016, documents that preauthorization was obtained for CPT Codes 97110, 97112 and 97140. HCPCS Code G0283 was not included in the preauthorized services.

HCPCS Code G0283 is defined as "Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Lay Description: "...Electrical stimulation is the use of electric current that mimics the body's own natural bioelectric system's current when injured or impaired, and jump starts or accelerates the healing process by attracting the body's repair cells, changing cell membrane permeability and hence cellular secretion, and orientating cell structures.... Code [G0283](#) is used for purposes other than wound care, such as nerve stimulation, pain reduction, and muscle contraction."

The Division finds that the requestor submitted insufficient documentation to support that preauthorization was obtained for the disputed services. As a result, reimbursement cannot be recommended for the disputed service.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for the disputed services.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

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Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.